TOTAL AMOUNT OF PAYMENT

SUBMITTED BY

Name (Print/Type)

Signature

Mark A. Charles

(\$)1029

Complete (if applicable)

(513) 627-4229

Telephone

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCEr

FEE TRANSMITTAL for FY 2006

Patent fees are subject to annual revision. Effective December 8, 2004

Complete if Known				
Application Number	10/658,031			
Confirmation Number	2076	RECEIVED		
Filing Date	September 9, 20	WATER FAX CENTER		
First Named Inventor	Höfte, et al.			
Examiner Name	Huyen D. Le	JAN 0 6 2006		
Art Unit	3751			
Attorney Docket No.	9028	•		

1. [X] The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional feets) during the pendency of this application to: Deposit Account Number: 16-2489 Deposit Number: 16-2489 Depo	METHOD OF PAYMENT	FEE CALCULATION (continued)			
Submitted on this form, credit any over payments, and charge any additional feets) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company Extension for reply within 12 nd month (\$1,020) [X]	1. [X] The Director is hereby authorized to charge indicated fees	5. ADDITIONAL FEES			
Application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company Extension for reply within 2 rd month (\$450) I Extension for reply within 3 rd month (\$1.020) [X]	submitted on this form, credit any over payments, and	Fee Description	Fee Paid		
Deposit Account Number: 16-2489 Deposit Account Name: The Procter & Gamble Company Extension for reply within 3 th month (\$1.020) [X]		Extension for reply within 1st month (\$120)	0		
Extension for reply within 3 rd month (\$1.020) [X]	Deposit Account Number: 16-2480	Extension for reply within 2 nd month (\$450)	[]		
Section Fee Calculation Extension Fee Pald	Deposit Account Name: The Procter & Gamble Company	Extension for reply within 3rd month (\$1,020) [X]		
2. BASIC FILING FEE _ Large Entity FILING		Extension for reply within 4th month (\$1.590) []		
2. BASIC FILING FEE _ Large Entity FILING SEARCH EXAMINATION FEE FEE FEE FEE	FEE CALCULATION	Extension for reply within 5th month (\$2,160	0 (1		
TILING SEARCH EXAMINATION FEE FEE FEE FEE					
Application Type Fee Paid		Information Disclosure Statement fee (\$180)	0		
Type	FEE FEE FEE				
Utility (\$300) (\$500) (\$200) Design (\$200) (\$100) (\$130) (Total = \$1400) [] Reissue (\$300) (\$500) (\$600) Provisional filing fee (Total = \$1400) [] 3. APPLICATION SIZE FEE: Sheets of Spec and Drawings [] (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$)[0] 4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: Extra Fce from Fce Claims Below Paid Total Claims [] - 20** = [] x [] = [] Independent Claims [] - 3** = [] x [] = [] Multiple Dependent claims: [] = [] ** or number previously paid, if greater; For Reissues, see below Fee Description 37 CFR 1.17 (g) Surcharge - Late provisional filing fee or cover sheet (\$50) [] Non-English specification (\$130) [] Notice of Appeal (\$500) [] Request for oral hearing (\$1,000) [] Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) (\$1,370) [] Other:			••		
Cotal = \$1000 Cotal = \$430 Cot		(iidiipio violenim)	T1		
Design (\$200) (\$100) (\$130) (Total = \$430) [] (Total = \$430) [] (Total = \$1400) [] (Total = \$200) [] (Total = \$1400) []		· · · · · · · · · · · · · · · · · · ·	e2		
Company Comp	(Total = \$1000) []	_			
Reissue (\$300) (\$500) (\$600) (Total = \$1400) [] Provisional filing fee		Non-English specification (\$130)	IJ		
(Total = \$1400) [] Provisional filing fee (Total = \$200) [] 3. APPLICATION SIZE FEE: Sheets of Spee and Drawings [] (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$)[0] 4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: Extra Fee from Fee Claims Below Paid Total Claims [] - 20** = [] x [] = [] Independent Claims [] - 3** = [] x [] = [] Multiple Dependent claims: [] = [] ** or number previously paid, if greater; For Reissues, see below Fee Description		Notice of Appeal (\$500)	T I		
Provisional filing fee (Total = \$200) [] 3. APPLICATION SIZE FEE: Sheets of Spee and Drawings [] (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$)[0] 4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: Extra Fee from Fee Claims Below Paid Total Claims [] - 20** = [] x [] = [] Independent Claims [] - 3** = [] x [] = [] Multiple Dependent claims: [] = [] ** or number previously paid, if greater; For Reissues, see below Fee Description Filing a brief in support of an appeal (\$500) [] Request for oral hearing (\$1,000) [] Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (u) or (c) (\$1,370) [] Other:	1	Notice of Appeal	u		
Sheets of Spee and Drawings (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) 4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: Extra Fee from Fee Claims Below Paid Total Claims [] - 20** = [] x [] = [] Independent Claims [] - 3** = [] x [] = [] Multiple Dependent claims: [] = [] ** or number previously paid, if greater; For Reissues, see below Fee Description	, , , ,	Filing a brief in support of an appeal (\$500)	Ð		
Sheets of Spee and Drawings (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) 4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: Extra Fee from Fee Claims Below Paid Total Claims [] - 20** = [] x [] = [] Independent Claims [] - 3** = [] x [] = [] Multiple Dependent claims: [] = [] ** or number previously paid, if greater; For Reissues, see below Fee Description	3. APPLICATION SIZE FEE:	Request for oral hearing (\$1,000)) []		
sequence and program listings) SUBTOTAL (2)+(3) (\$)[0] 4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: Extra Fee from Fee Claims Below Paid Total Claims [] - 20** = [] x [] = [] Independent Claims [] - 3** = [] x [] = [] Multiple Dependent claims: [] = [] ** or number previously paid, if greater; For Reissues, see below Fee Description					
SUBTOTAL (2)+(3) (\$)[0] 4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: Extra Fee from Fee Claims Below Paid Total Claims [] - 20** = [] x [] = [] Independent Claims [] - 3** = [] x [] = [] Multiple Dependent claims: [] = [] ** or number previously paid, if greater; For Reissues, see below Fee Description					
4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: Extra Fee from Fee Claims Below Paid Total Claims [] - 20** = [] x [] = [] Independent Claims [] - 3** = [] x [] = [] Multiple Dependent claims: [] = [] ** or number previously paid, if greater; For Reissues, see below Fee Description					
Extra Fcc from Fec Claims Below Paid Total Claims [] - 20** = [] x [] = [] Independent Claims [] - 3** = [] x [] = [] Multiple Dependent claims: [] = [] ** or number previously paid, if greater; For Reissues, see below Fee Description		Odia:	LI		
Claims Below Paid Total Claims [] - 20** = [] x [] = [] Independent Claims [] - 3** = [] x [] = [] Multiple Dependent claims: [] = [] ** or number previously paid, if greater; For Reissues, see below Fee Description					
Total Claims [] - 20** = [] x [] = [] Independent Claims [] - 3** = [] x [] = [] Multiple Dependent claims: [] = [] ** or number previously paid, if greater; For Reissues, see below Fee Description					
Independent Claims [] - 3** = [] x [] = [] Multiple Dependent claims: [] = [] ** or number previously paid, if greater; For Reissues, see below Fee Description					
Multiple Dependent claims: The state of t					
Fee Description	Multiple Dependent claims: [] = []				
I Claims in avecas of 70 /450 per claim)					
Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim)					
Multiple dependent claim, if not paid (\$360)					
**Reiasue: each independent claim over 3 and more than in the original patent (\$200 per claim)	**Reissue: each independent claim over 3 and more than in the				
**Reissue claims: each claim over 20 and more than original patent (\$50 per claim)	**Reissue claims: each claim over 20 and more than original patent				
	•	SUBTOTAL(5)	(\$)[1020]		

January 6, 2006 This collection of information is required by 37 CPR 1.17. The information is required to obtling or setain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CPR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT

Registration No.

51,547

JAN 0 6 2006

IMPORTANT CONFIDENTIALITY NOTICE

The documents accompanying this telecopy transmission contain confidential information belonging to the sender which is legally protected. The information is intended only for the use of the individual or entity named below. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone (collect) to arrange for return of the telecopied document to us.

TO: Amendment - United States Patent and Trademark Office

Fax No. 571-273-8300

FROM: Noreen Pierani

Fax No. 513-627-4213

Phone No. 513-627-8118

Application No.: 10/658,031

Inventor(s):

Höfte, et al.

Filed:

September 9, 2003

Docket No.:

9028

Confirmation No.: 2076

FACSIMILE TRANSMITTAL SHEET AND CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on <u>January 6, 2006</u>, to the above-identified facsimile

number.

Listed below are the item(s) being submitted with this Certificate of Transmission:**

- 1) Fee Transmittal
- 2) Restriction/Election response 2 pages
- 3)
- 4)
- 5)

Number of Pages Including this Page: 4

Comments:

**Note: Each paper must have its own certificate of transmission, OR this certificate must identify each submitted paper.

RECEIVED CENTRAL FAX CENTER

JAN 0 6 2006

have measonable basis to aspect that, on the this encrespondence is being (acsimile Patent and Tentemark Office via fax number
A Regimmion No (if applicable)
filiani _
, weam
Signature
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.

10/658,031

Applicant(s)

Höfte, et al.

Filed

September 9, 2003

Title

FLUID DELIVERY MECHANISM

TC/A.U.

3751

Examiner

Huyen D. Le

Conf. No.

Docket No.

2076

Docket No.

9028

Customer No.

27752

<u>AMENDMENT</u>

Mail Stop Amendment

facsimile transmitted (571) 273-8300

Dear Sir:

In response to the Office Action mailed September 30, 2005, the Applicants have included the following remarks. The time for response being extended by 3 months, pursuant to the fee charged to the Assignee's Deposit Account in the papers submitted herewith,

01/09/2006 EFLORES 00000063 10658031

01 FC:1253

1020.00 DA